U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 43598	2. Fiscal Year Covered From:
5079	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name WAYNE F DOUCETTE	Name SOCIETY OF PROFESSIONAL ENGINEERING EMPLOYEES
	Labor Organization File Number 043-598
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any -IN AEROSPACE 2001
Street 23 75TH STREET S.W.	Street 15205 53ND AVENUE S.
City EVERETT	City SEATTLE
State Washington ZIP Code + 4 98203-4956	State Washington ZIP Code + 4 98188
5. Position in labor organization. COUNCIL REPRESENTATIVE	

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name THE BOEING COMPANY	PRIDE@BOEING-POINTS AWARDED FOR WORK ABOVE THE CALL OF DUTY OR HELPING OTHER WORKERS, 1 POINT EQUALS \$1.00.
Trade Name, if any: COMMERCIAL AIRPLANES	
P.O. Box, Bldg., Room No., if any BOX 3707, M/C 0J-76	7.b. Amount.
Street	
City SEATTLE	\$75
State Washington ZIP Code + 4 98122-2707	
	January and the state of the st

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of th
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

07/30/2005

Date

435-342-1534

Telephone Number

Form LM-30 (2003)

Name of Person Filing WAYNE DOUCETTE	File Number U- 43598	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name N/A	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name N/A	N/A	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	N/A	
:		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name N/A	N/A	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	